

Name(s) shown on Form IT-40

Your Social Security Number

Round all entries

- | | | |
|--|----|-----|
| 1. Tax add-back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____ | 1 | .00 |
| 2. Net operating loss carryforward from federal Form 1040, "Other income" line _____ | 2 | .00 |
| 3. OOS municipal obligation interest add-back _____ | 3 | .00 |
| 4. Bonus depreciation add-back _____ | 4 | .00 |
| 5. Section 179 expense excess add-back _____ | 5 | .00 |
| 6. Other Add-Backs: See instructions. | | |
| a. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6a | .00 |
| b. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6b | .00 |
| c. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6c | .00 |
| d. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6d | .00 |
| e. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6e | .00 |
| f. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6f | .00 |
| g. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6g | .00 |
| h. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6h | .00 |
| i. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6i | .00 |
| j. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6j | .00 |
| k. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6k | .00 |
| l. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6l | .00 |
| m. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6m | .00 |
| n. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6n | .00 |
| o. Enter add-back name <input style="width: 250px;" type="text"/> code no. <input style="width: 50px;" type="text"/> | 6o | .00 |
| 7. Add lines 1 through 6. Enter total here and on Form IT-40, line 2 _____ Total Indiana Add-Backs | 7 | .00 |

